

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF ANGELO LEE CLARK	COURT CASE NUMBER 06-465 SCR	
DEFENDANT Correctional Medical Services (ET AL)	TYPE OF PROCESS Complaint	
SERVE → { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ATTORNEY GENERAL of The STATE of DELAWARE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ATTORNEY GENERAL of The STATE of DELAWARE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
AT 820 North French Street, Wilmington, Delaware 19801		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
ANGELO LEE CLARK DELAWARE Psychiatric Center JANE E. Mitchell Bldg 1901 NORTH DUPONT HWY NEW CASTLE, DELAWARE 19720		
Number of process to be served with this Form - 285 1 Number of parties to be served in this case 8 Check for service on U.S.A. <input checked="" type="checkbox"/>		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold**PAUPER CASE****Suing I.E. from 3-4-6-8
AND ALL****CORRECTIONAL MEDICAL SERVICES PERSONNEL**

Signature of Attorney or other Originator requesting service on behalf of: Angelo Lee Clark	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 302-654-5976 302-733-9101	DATE 5/12/07
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk bf	Date 5/18/07
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I hereby certify and return that I have personally served, I have legal evidence of service, I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Keith Brady - Asst. State Solicitor	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service 6/21/07	Time 2:50 pm
	Signature of U.S. Marshal or Deputy Scarsdale	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

